



SUPERVISORY VISITS FOR CENTERS WITH MULTIPLE FACILITIES

Reference: 226.15

Institution Name [Main Site or Administrative Office]: _____

Site Name: _____

Date: _____ Monitor's Arrival Time: _____ Monitor's Departure Time: _____

1. Meal service observed: _____ Breakfast _____ Lunch/Supper _____ Snack

2. Number of children served: _____ Number of caregivers present: _____

Complete this chart for the meal observed (if applicable):

Food Component	Foods Served	Amount of Food Prepared
A. Milk as a beverage		
B. Vegetable/Fruit Serve 1 or more at Breakfast Serve 2 or more at Lunch/Supper Optional: Serve 1 or more at Snack		
C. Bread and Grains		
D. Meat and Beans or Alternate		
E. Additional Foods		

Check applicable box to evaluate each item:	Yes	No
A. Meal Requirements - Did meal or snack meet required meal pattern requirements?		
B. Temperatures: Freezer temp is _____. Refrigerator temp is _____. Are these temps within range? 0° F or less 33 - 40° F		
C. Food Safety - Are tables and food preparation surfaces sanitized before and after use?		
D. Dry Storage - clean, food items covered & stored 6" off of the floor?		
E. Daily Records - Meal Participation Records - Are children counted at the time of meal service? Are the Meal Participation Records current through today's date? Are Food Production Records or Food Delivery Receipts complete through yesterday? Attendance Records – Does attendance justify today's meal counts?		

5. List any problems observed with the meal service or required record keeping.

Monitor's signature: _____ Date: _____